



STATE
OF
GEORGIA

Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

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1. Application Date June 7, 1974		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed JUN 11 1974 74-188 JUL -2 1974	
2. Agency Application No. DHR-DBP-7		3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Division of Benefits Payments Medicaid Section - Management Unit - Room 635-H 47 Trinity Avenue, S. W. - Atlanta, Georgia 30334		4. Person to Contact Janell Chastain	
5. Working Title Program Officer		6. Tel. No. 656-4700			
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Earliest & Latest Dates of Series 1972 to date		9. Exact Series Title APPROVED MEDICAID HOSPITAL CLAIMS FILES			
10. What is the function of the office in which this record series is created? The Division of Benefits Payments is responsible for supervising and regulating assistance programs which provide to indigents in the State food and monetary assistance and/or medical care. The Medicaid Management Unit serves as liaison between the Georgia Department of Human Resources and the providers of services to recipients of the Medicaid Program and is responsible for program guidance, direction and surveillance for assurance that policies and procedures are in compliance with State and Federal regulations.					
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). Documents relating to requests to the Medical Care Foundation from hospitals for payment by the Department for services provided to patients who were required to remain in hospitals for a longer period of time than the normal limits established by the Department. Included is Form MA 1.1 (Revised 6-69) entitled "Medical Assistance Program Statement of Inpatient Hospital Services" which identifies the patient, the hospital, payment requested and provides stamped evidence of approval of the hospital's claim. The file is arranged alphabetically by name of hospital and thereunder chronologically.					
ATTACH SAMPLES OF THE FILE					
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	
Letter-size File Drawers		5	7.5	3 4.5	
Legal-size File Drawers				In Office(s) In Storage Area(s)	
				6	
				This Year's Last Year's Preceding Year's All Prior Years'	
				occasional for reference	

QUESTIONNAIRE

Place an "x" in the proper column. If answer is "YES," please explain.

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 4 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

This file series supports the approved Medicaid Expenditure Voucher Files series, so requires the same retention period.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☒ CALENDAR YEAR ☐ FISCAL YEAR ☐ OTHER _____, then:

- ☒ Hold in the current files area 6 month(s)/_____ year(s):
☒ Transfer to ☒ State Records Center ☐ Local Holding Area; hold 3 1/2 year(s):
☒ Destroy.
☐ Transfer to State Archives for permanent retention.
☐ Destroy immediately after cut-off.
☐ Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature) <u>William G. [Signature]</u> Date <u>June 11, 1974</u>		OTHER REQUIRED SIGNATURES		DATE
26. Recommendations in paragraph 25 are:	Agency Head/Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<u>Anee S. Chastain</u>	<u>6/7/74</u>
	State Auditor/Designee	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<u>William M. Dixon</u>	<u>6-26-74</u>
	Secretary of State/Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<u>Carroll Hart</u>	<u>6-26-74</u>
	Attorney General/Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<u>Robert Shell</u>	<u>6-28-74</u>
STATE RECORDS COMMITTEE				